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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

1/20 LLLP Qual

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MJH

05 JAN 20 PM 3:26

January 3, 2005

Registration Division
Division of Corporations
P.O. Box 6327
Tallahassee Fl. 32314

Dear Sir/Madam:

Enclosed please find a Transmittal Letter, Statement of Qualification For Florida Limited Liability Limited Partnership, Certificate of Limited Partnership, Affidavit of Capital Contributions for Florida Limited Partnership for Corwin Partners LLLP.

I am also enclosing a check in the amount of $296.25, broken down as follows.

Capital Contribution ($250,000.00 @ $7.00 per thousand)	$175.00
Fee for Registered Agent	35.00
Certified Copy	52.50
Certificate of Filing	8.75
Filing Fees	25.00
Total	$296.25

If there are any questions, please let me know.

Barry Goren

Barry Goren, General Partner
Corwin Partners LLLP
18909 S.E. Windward Island Way
Jupiter, Fl 33458
561-743-0009

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Corwin Partners LLLP**
(Name of Limited Partnership)

DOCUMENT NUMBER: _____

The enclosed Statement of Qualification for Florida Limited Liability Limited Partnership and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Barry Goren
(Name of Person)

Corwin Partners LLLP
(Firm/Company)

18909 S.E. Windward Island Way Jupiter Fl
(Address)

33458
and Zip Code)

For further information concerning this matter, please call:

Barry Goren at (**561**) **743-0009**
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

INHS66(9/03)

STATEMENT OF QUALIFICATION FOR FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

1. The name of the limited partnership as identified in the records of the Florida Department of State:
Corwin Partners LLLP

Insert limited partnership's Florida document number: _____
or
Attach Certificate of Limited Partnership, Affidavit of Capital Contributions and applicable limited partnership filing fees.

2. The complete name of the entity after filing Statement of Qualification shall be:

Corwin Partners LLLP
(Must include LLLP or L.L.L.P.)

3. The street address of its chief executive office: **18909 S.E. Windward Island Way**
(if different from current recorded address): **Jupiter Fl.33458**

4. The street address of principal office in Florida: _____
(if different from above)

5. The limited partnership hereby elects to be a limited liability limited partnership.

6. The effective date of this filing shall be:
x as of the date this document is filed with the Florida Secretary of State
or
_____ a date later than the time of filing: _____.

7. The name and Florida street address of the partnership's agent for service of process:
18909 S.E. Windward Island Way Jupiter Fl. 33458
_____, Florida _____

The execution of this statement as a partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Signed this **3rd** day of **January**, **2005**.

Signature of TWO Partners: Barry Goren
Sandra Goren

Typed or printed names of partners signing above: **Barry Goren**
Sandra Goren

FILED
05 JAN 20 PM 3:26

Filing Fee: $25.00
Certified Copy (optional): $52.50
Certificate of Status (optional): $8.75